

WITNESS

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This January marked the second anniversary of the Operation Cast Lead assault on Gaza. As highlighted in our recent ***Dashed Hopes*** joint report, despite the 'ease' of the blockade announced by the Israeli government in June 2010, we have yet to see any real change in Gaza, let alone an end to the illegal policy. The standard of life for 1.5 million Palestinians in Gaza remains dire. Indeed, the United Nations reports that while Gaza requires 670,000 truckloads of construction materials, an average of only 715 truckloads have been allowed in each month since the 'ease' was announced. Tensions are again on the rise, with an increase in Israeli incursions and airstrikes.



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MAP attends the annual Sabra and Shatila Massacre commemorations in Beirut.

While the focus of the international community remains on Gaza, MAP recently appointed a new director and team to run our projects in Lebanon. It is almost 30 years since the Sabra and Shatila Massacre, which led to the establishment of MAP. In this edition of Witness we feature an interview with the head of UNRWA in Lebanon, Salvatore Lombardo, and the story of Suha, a Palestinian refugee who lives in Bourj al-Barajneh camp in Beirut. Suha is struggling to access treatment for cancer. To raise awareness about the situation for patients like Suha, I'm pleased to announce that later this year MAP will publish a report about the barriers to health faced by Palestinian refugees in Lebanon.

In other news, it has been almost a year since Chris Patten was appointed as president of MAP. Lord Patten has worked tirelessly over the last months to promote MAP's values and work, delivering the keynote address at our annual dinner, visiting Gaza, speaking out in the media and lobbying senior EU and UN officials. In this Witness you can read part of the letter he recently co-signed to the President of the European Union.

Finally, in these tough financial times I want to personally thank you for your continued and loyal support. It is down to your generous contributions that MAP has been able to provide a wide range of emergency and developmental support for Palestinians across the Middle East, living under occupation and as refugees.

Steven James, Chief Executive

MAP NEWS

- In September-October 2010 MAP and The NewStatesman held fringe events at the party conferences, focusing on Gaza. MAP's Head of Advocacy, Andrea Becker, spoke at our event at the Labour Party Conference in Manchester. MAP Chairman Robin Kealy spoke at the Conservative Party Conference in Birmingham on a panel alongside the Minister of State for International Development, Alan Duncan MP, who affirmed DfID's continued support for the Palestinians.
- In October 2010 a delegation of British MPs from the Britain-Palestine All Party Parliamentary Group visited Gaza and were briefed by our field team. Their report, ***The World's Largest Prison Camp***, details ongoing access restrictions placed on Gaza.
- MAP President Lord Patten held meetings in November 2010 with Quartet Representative Tony Blair and UNRWA Commissioner-General Filippo Grandi, to raise MAP's concerns about the impact of the ongoing blockade.
- In December 2010 MAP, along with over 20 different agencies, released a report entitled ***Dashed Hopes: Continuation of the Blockade of Gaza***. The report examines the myth of the 'easing' of the blockade, as well as the impact of continued restrictions on imports and exports, and movement restrictions on people. Read the report on the MAP website.
- This January MAP held an event at the House of Commons, hosted by Jeremy Corbyn MP, to highlight our current projects and future plans. Lord Patten delivered the keynote address.
- MAP will be following Mahmoud, a cancer patient living in Gaza, as he seeks treatment unavailable in Gaza. Follow his story by going to the MAP website – www.map.org.uk – which will feature regular updates.
- In May, MAP's James Denselow will be running the Edinburgh Marathon to raise money for our programme in the occupied Palestinian territory.
- MAP is pleased to announce Sir Terence English as new trustee. Sir Terence is a former president of the Royal College of Surgeons, and in 1979 performed the first successful heart transplant in the United Kingdom.
- MAP would like to thank all of our supporters who supported the Bedouin appeal. This vital project in the Jordan Valley has been saved and will continue – we are hopeful of securing longer term funding in the coming year.



MEDICAL REFERRALS FROM GAZA

“The closure of the Gaza Strip is undermining the functioning of the healthcare system, hampering the provision of medical supplies, the training of health staff and preventing patients with serious medical conditions receiving timely specialized treatment outside the Strip”

World Health Organization

A November report by British parliamentarians on their trip to Gaza highlighted that according to international law, the Occupying Power is required to ensure, to the fullest extent of the means available to it, the medical supplies of the population, and to bring in the necessary articles when the resources of the occupied territory are inadequate. This obligation translates into Israel’s duty to provide necessary medical services that are not available in Gaza and to enable the exit of patients for treatment.

However, since June 2007 an average 17% of patients with referrals were refused exit permits for treatment in Israel, East Jerusalem or abroad. Between January 2008 and June 2009 the situation deteriorated further, with 40% of the applications for permits to leave Gaza delayed or rejected.



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Medecins du Monde reported that along with oncology, ophthalmic, orthopaedic and cardiology interventions account for 40% of medical referral cases. The lack of advanced diagnostic and treatment services in these areas, either because of the lack of equipment or the unavailability of trained staff and specialists, contributes to the ongoing need for external medical referral.

The need for medical referral also results from the low quality of health services such as intensive care units (ICU) in Gaza or the non-functioning of equipment due to delays in importing spare parts. Many referral cases are due to a lack of specific drugs inside the Gaza Strip. During Operation Cast Lead, routine operations were affected and many elective interventions suspended. Consequently, the need for referrals outside of Gaza grew even further, restricted by delays and denials of passage.

The Process: a Medical Committee in Gaza is required to approve all referrals for treatments abroad. If approved, the referral is sent along with an official request to the Palestinian Ministry of Health in Ramallah to obtain financial coverage for the treatment. The patient is then required to submit these papers to the Palestinian Ministry of Health in Gaza which then schedules an appointment for the patient in an Israeli or Palestinian hospital. These steps can take on average 7-10 days to complete.

In addition to the delays in issuing permits for travel, Israel also imposes severe restrictions at the Erez crossing point. After undergoing a security check, patients must wait to receive a final approval,

even with a valid permit. This again can take several hours, and the crossing can be closed without warning. Even critically ill patients must wait.

- In 2007-2008 over 10,000 patients needed medical treatment outside of Gaza. The cost of treatment abroad accounted for the third highest expenditure line in the Palestinian Ministry of Health budget.
- In 2009 7,534 patients applied for permits to cross Erez. 5,211 applications (69%) were approved. The applications of over 2,300 patients (31%) were denied or delayed, resulting in missed hospital appointments and scheduled treatments. 22 referral patients died waiting for treatment, after their exit permit applications were rejected or delayed.
- Between January and March 2010 3,089 patients applied for exit permits. The applications of 2,392 patients (77%) were approved during this period, while those of 697 patients (23%) were denied or delayed.

Sources: World Health Organization, Physicians for Human Rights-Israel, Medecins du Monde, Council for Arab-British Understanding.

LETTER TO THE EU LEADERSHIP: CHRIS PATTEN

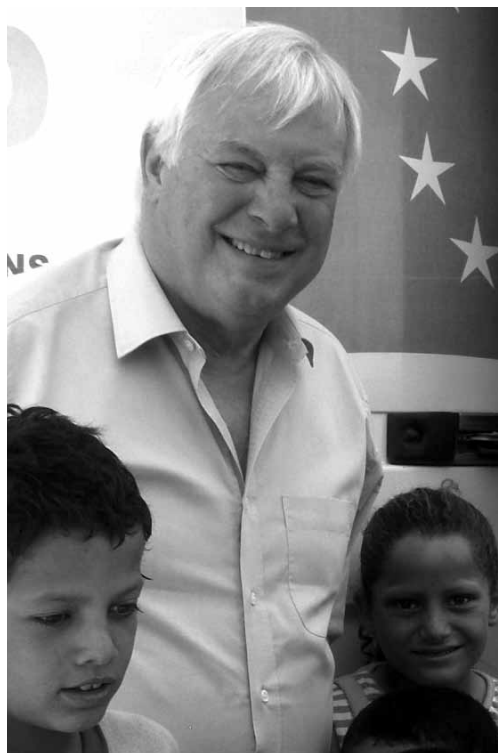
In December, MAP President Lord Patten, alongside twenty-five top officials, wrote to the President of the European Union, Herman van Rompuy, and the EU Representative for Foreign affairs and Security policy, Lady Catherine Ashton, urging a stronger European stance on the Middle East peace process.

Below we have published part of the letter:

We appear to be no closer to a resolution of this conflict. To the contrary, developments on the ground, primarily Israel's continuation of settlement activity in the Occupied Palestinian Territory including in East Jerusalem, pose an existential threat to the prospects of establishing a sovereign, contiguous and viable Palestinian state also embracing Gaza, and therefore pose a commensurate threat to a two-state solution to the conflict.

Time to secure a sustainable peace is fast running out.

Only a negotiated two-state solution will allow the security needs of both sides to be met. It gives us great concern however that the current talks lack a clear framework or terms of reference, and stalled almost as soon as they commenced, primarily on account of continued settlement construction by Israel.



It is eminently clear that without a rapid and dramatic move to halt the ongoing deterioration of the situation on the ground, a two-state solution, which forms the one and only available option for a peaceful resolution of this conflict, will be increasingly difficult to attain.

We believe this is a matter of utmost concern. We therefore recommend that the EU, in cooperation with the United States, United Nations, Russian Federation, League of Arab States and other interested parties, should put forward a concrete and comprehensive proposal for the resolution of this conflict, that includes a clear time frame for the successful conclusion of these negotiations on the basis of longstanding principles agreed by the above parties and the international community as a whole.

We believe the EU should set a date at which it will take further action. It could for example say that if there is no progress by its next meeting scheduled for April 2011, this will leave the Council with no alternative but to refer the matter to the international community to enable the latter to lead efforts to define a vision and strategy for a resolution of this conflict.

We recommend that the EU reiterate its position that it will not recognize any changes to the June 1967 boundaries, and clarify that a Palestinian state should be in sovereign control over territory equivalent to 100% of the territory occupied in 1967, including its capital in East Jerusalem. Only minor and reciprocal amendments as may be agreed between the parties themselves could legitimately be recognised.

The EU has always maintained that settlements are illegal, but has not attached any consequences for continued and systematic Israeli settlement expansion in the OPT, including East Jerusalem.

We therefore strongly believe that the EU must make absolutely clear that enhancement or upgrading of the EU-Israel Association Agreement and other bilateral agreements and programs will not occur unless settlements are frozen.

We furthermore recommend in the strongest possible terms that the EU examine the legal implications for the EU of the continued application of bilateral agreements by Israel to Israelis and Israeli entities in the Occupied Palestinian territory.

To read the full letter, please visit www.map.org.uk

INTERVIEW: UNRWA'S SALVATORE LOMBARDO

Salvatore Lombardo is the director of UNRWA in Lebanon, which delivers essential services for over 400,000 Palestinian refugees.



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Could you describe the conditions in the refugee camps?

The overall economic conditions are unacceptable and appalling compared to the situation in Lebanon today, a country with an income comparable to a quasi-rich state. More than 60% of Palestinians live below the poverty line of \$6 a day, and we have within this population pockets that live on less than \$2 per day. This makes the population incredibly poor and extensively reliant on the services provided by UNRWA. Palestinian refugees in Lebanon probably suffer the worst socio-economic conditions: firstly because of the absence of the state and state support, secondly because the level of poverty and thirdly because the reliance on international assistance is almost absolute.

What are the civil rights restrictions facing the Palestinians in Lebanon?

The question of the rights of Palestinians here, which continue to be by a certain extent denied, has become an issue of national debate. Since 2005 there has been an opportunity to discuss this publicly. Recently the parliament amended the labour law which has increased the possibility for the Palestinians to have access to work, however restrictions do still exist.

Our message to the Lebanese is that it is in their interest to make sure that the Palestinians here live in peace and security, because if they do not there is a risk for themselves but also a risk for the security of Lebanon as a whole. This message has had some impact. I can see more and more Lebanese becoming aware of the conditions in the camps and speaking up, but we are far from seeing the level of dignity that I think is clearly missing in the Palestinian camps in Lebanon.

What is the biggest health challenge facing the Palestinians in Lebanon?

Health is critical for the Palestinians in Lebanon. Health is a moral issue. It represents an enormous part of our budget and carries an enormous moral symbolism for the individual, and because it's a matter of life and death this is our most critical programme.

One figure says it all: 94% of the Palestinians in Lebanon rely entirely on assistance from UNRWA. This means that only 6% of Palestinians have some form of medical insurance that allows them to live without us.

UNRWA has 29 health centres in Lebanon. We are dealing with a system that is in the middle of reform and one of the most critical factors is that our doctors are not able to cope with the number of patients. This is partly an organisational problem – I think our system is not modern or adequate to face the kind of situation we are in. This is what we are tackling right now and we are making some very small but significant progress. The other factor is financial, as we don't have enough

resources to efficiently train our staff, modernize our structures and to make our system efficient and better. Tertiary care is our biggest problem today. This is precisely the area where we have the most complaints from Palestinians and all of them are absolutely legitimate. We provide only 30% of what the real cost is. Yet the demand is high and we are seeing Palestinians for whom we either can do very little, like in the case of cancer patients, or absolutely nothing like in cases of Multiple Sclerosis. The problem in my view is entirely financial. Because of the poor resources we had to make a strategic decision to concentrate on where the majority of the people are, which is on secondary care where we offer full coverage for the entire population, perhaps limiting our intervention in tertiary care to what we can afford.

Our ambition if we have additional resources is to increase that assistance but also to have better involvement with the [Lebanese] Ministry of Health because indeed the ministry can alleviate some of the problems we are facing with tertiary care.

I have an enormous sympathy for the Palestinians' frustration. I do recognise the importance moral value of health in every programme that you have. We are working to make sure that we can improve the conditions for Palestinians. Health is an area where improvement is not only necessary but is essential if on one hand we want to preserve the dignity of the individual, but on the other we want to offer stability to Lebanon, where the Palestinians are a fundamental component.

Residents of Gaza gather around symbolic coffins representing Palestinians who have died waiting for medical referral.

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REFERRALS FROM GAZA: AMIR'S STORY

Amir El Yazji lived in Gaza City with his parents and five brothers and sisters. Following the failure to get a medical referral, he died at Nasser hospital in Gaza on 19 November 2007.

On 5 November 2007, Amir woke up later than usual feeling sick. He told his mother that he didn't feel well enough to go to school. Thinking that he was being lazy, his father insisted that Amir attend his classes, but after only two hours, Amir returned home complaining of dizziness and nausea.

Doctors examined Amir but were unable to come to a diagnosis. Five days later, his condition worsened, and Amir began suffering from strong headaches and convulsions. He lost his vision completely and regularly lost consciousness, and was not responding to any treatment. Concerned about his deterioration, doctors referred Amir to a hospital inside Israel, where he would be able to have an MRI scan, which was not available in Gaza. Amir's father immediately prepared all the relevant documents. "I didn't wait a minute" he said, "once I



**GETTING MEDICAL TREATMENT...
ISN'T ALWAYS STRAIGHTFORWARD.
IN GAZA, DELAYS ARE COMMON.**



REFERRAL PROCESS STARTS AGAIN
(In October 2010, 211 patients faced this situation)

heard what the physician said I went immediately to the Referral Abroad Department, and gave them all the required documents and medical reports, so that they would be able to process the application as soon as the Israeli liaison office opened the following morning.”

Over the next three days Amir’s medical condition deteriorated dramatically. He regularly lost consciousness and his doctors were unable to help. With critical days and hours lost, the Israeli liaison office finally approved Amir’s permit to exit Gaza for urgent treatment.

As Amir was unconscious, needing an oxygen mask and connected to a monitor and pulse oximeter, he needed to pass through the Erez crossing in a fully equipped ambulance. The plan was for Amir to be transferred from a Palestinian ambulance to an Israeli ambulance which would be waiting on the Israeli side of the crossing. However, the Palestinian medical team – consisting of a physician and two nurses who were supposed to accompany Amir in the Palestinian ambulance – were denied access to Erez by Israel for “security reasons”. Even though Palestinian medical teams regularly accompany seriously ill patients through the crossing, entry is sometimes refused without explanation. With no permission for the medical team, Amir remained in the intensive care unit at the hospital, his condition worsening.

After many critical hours spent waiting for permission to be issued, the medical team were finally given clearance at 4.45pm. While granting clearance, the Israeli liaison

however warned that the Erez crossing would be closing in 15 minutes from the time of his call, at 5pm. Knowing that it would be impossible to move Amir from the hospital ICU to the ambulance, and then drive between the hospital and the crossing in even under an hour, the Palestinian coordinator tried to convince the Israeli side to keep the crossing open for Amir. The request was flatly refused, with the Israeli liaison telling them that if they did not arrive within 15 minutes, they would have to wait until the following day. Amir’s family was devastated, as his condition was becoming ever more critical.

The following morning, even before the Erez crossing opened, Amir died. He was nine years old.



REFUGEE HEALTH IN LEBANON: SUHA'S STORY

Over the last year MAP has been working on a report on the conditions of Palestinian refugee health in Lebanon. One of the major issues is access to specialist care for complex or chronic conditions. Suha's story is sadly typical of the situation facing thousands of Palestinians in Lebanon.

Suha is forty-four years old and has lived in Bourj al-Barajneh refugee camp in Beirut for twenty-seven years. Her husband works as a blacksmith, earning £16 a day when there is work, but has for the last two-months been unemployed. Six years ago Suha, the mother of six daughters and a recently married son, was diagnosed with intestinal cancer. She was initially referred to a Lebanese hospital for surgery, where she spent twenty five days. UNRWA covered some of the cost, but Suha was subsequently presented with a bill for an additional £6,900.

It emerged that the initial diagnosis was incorrect, and that Suha was in fact suffering from thyroid cancer. Suha's condition worsened, a deterioration Suha says was exacerbated by the incredible stress of the costs of the operations she needed. Suha's family visited NGOs and political and religious associations across

the camp to gather money to pay for her treatment, but eventually she was forced to borrow money. Suha and her family are still in the process of repaying the debt.

Suha's illness has come to dominate the life of the entire family. Her daughter, Rasha, who previously aspired to study to become a hairdresser, left school to care for her mother. She travels with her mother to hospitals and shops and looks after their small home in the camp.

For months Suha relied upon her brother-in-law in Abu Dhabi to help pay for her treatment. Her brother-in-law was connected to a doctor in France who sent Suha vital medication, but at £65 per day the medication was far more expensive than what she could afford. This supply ended months ago, and when we visited Suha she was in the process of raising £1,300 for yet another hospital visit – this time to treat a possible brain tumour.

"I'm psychologically exhausted but try not to show it and be strong for my family. UNRWA do what they can, sometimes they help, sometimes they don't. I can't find the language to describe being in so much debt, I feel beyond helpless. I used to be optimistic but now I spend my time running to collect money for treatment.

Chemotherapy costs \$1,800 a month and often I can't even afford to travel to the hospital. I feel like things are getting worse. I've lost weight, feel dizzy constantly and have collapsed several times. I feel weak all the time and the doctors tell me I may lose my eyesight. Living through the civil war seems like heaven compared to how things are now"

We travelled with Suha to Hammoud Hospital in Saida in October where she discovered her treatment would actually cost £1,900. By December, Suha's condition had worsened and she began to faint regularly. She has been unable to afford to go to hospital for months and her family continues to desperately raise money to keep her alive.

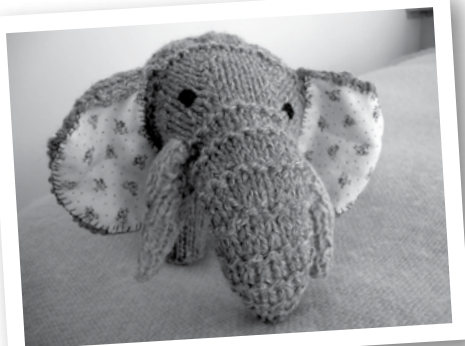
MAP's Report on Palestinian health in Lebanon will be published later this year.



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COMMUNITY NEWS

CONGRATULATIONS AND THANKS TO RECENT MAP FUNDRAISERS:



■ MAP in Scotland

Runa Mackay raised almost £3,000 in November at her annual MAP event in Edinburgh, through the sale of Palestinian food, arts and crafts and other pieces. An amazing success!

■ Fundraising concert

Elizabeth Morley held a music concert on 29 November in Aberystwyth, raising over £220. Thank you to everyone who made this such a wonderful event – despite severe weather conditions – and to people who contributed towards the event even though they were unable to attend.

■ School Event for Gaza

Safeera Ahmed and her classmates in Bradford raised over £600 for MAP earlier this year through a school project, the creation of a mural, a magazine with letters to children in Gaza, as well as collections from friends and families.

■ Sponsored Swim

Elsbeth Sherwen swam 67 lengths in 67 minutes for MAP in November. Well done!

■ Book sale

Sue Cooke continues to work hard organising successful events in aid of MAP. The latest event was a book sale raising over £150. We value your ongoing support.

■ Gaza the Elephant!

A big thank you to Summer Mughrabi, for knitting the adorable Gaza the Elephant (pictured), raising money for MAP through raffle tickets. Summer collected £665 for MAP, well beyond her fundraising goal!

Thank you!

UPCOMING EVENTS

■ Cycle from Manchester to Gaza

A group of cyclists will be biking from Manchester to Gaza in 2011, raising funds for MAP. Please visit our website for further details.

■ Lawrence of Arabia screening in York: Sunday 20 March

Sue Cooke, one of MAP's volunteers, is organising a screening of the classic film *Lawrence of Arabia*, in aid of MAP. This event at the Reel Cinema on Blossom Street in York will feature an introduction by MAP, and a short film about our essential burns programme will be screened. To find out more about this event, please contact Sue on 01904 795 480.

For updates and further information about all MAP events, please visit the MAP website at www.map.org.uk



■ Half Marathon

Allan Sharman is running a half marathon for MAP in Cumbria in May 2011. You can sponsor him by going to the Virgin Money Giving website and typing in his name.

■ Edinburgh Marathon

After conquering the London Marathon in 2010, this year MAP's James Denselow will be taking on the Edinburgh Marathon. James aims to raise £10,000 to upgrade burns equipment in Gaza's hospitals. Support him by visiting www.virginmoneygiving.com/jamesdenselow

CAN YOUR COMPANY HELP MAP?

Medical Aid for Palestinians welcomes support from companies who want to effectively demonstrate their commitment to helping some of the most vulnerable and disadvantaged people in the world today.

By partnering with MAP, your company will have an immediate and lasting impact on the lives of thousands of people. Our partnerships are tailored to take account of the needs of your business and your employees.

There are many different ways in which we can work together to make a difference.

FOR EXAMPLE, YOUR COMPANY COULD:

- Make a company gift
- Sponsor a project
- Sponsor an event or publication
- Offer Payroll Giving and matched funding for your employees

We aim to build lasting relationships with companies, ensuring that you are involved, updated, informed and supported.

We recognise that charity partnerships are driven by more than philanthropic desire, and that they must also satisfy the objectives of your business and your corporate social responsibility plan.

To discuss opportunities with MAP, please contact us at info@map-uk.org or phone +44 207 226 4114

Thank you to all the employees and companies who are already supporting MAP.



Follow MAP on Twitter @MedicalAidPal and on Facebook www.facebook.com/MedicalAidforPalestinians

MAP SUPPORTER: JEREMY HARDY



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Jeremy Hardy is a comedian, broadcaster and MAP supporter

I've always been a politically involved person, and originally came to be involved with the Palestinians after being asked to appear in a Leila Sansour documentary about activists in the West Bank back in 2002. My time out there coincided with the massive Israeli crackdown against the second intifada, and we found ourselves trapped in Bethlehem.

Since then I've been actively involved in events, fundraising and speaking out about the current situation. I've gotten to know a huge variety of people involved with Palestine back in the United Kingdom. In my view the continued occupation is brutal,

dehumanising and humiliating. I would say that a fair view of the situation would be on the side of the Palestinians. I think the very idea of dispossession speaks to the British people, and in particular the concept of losing your homeland strikes a chord.

The recent incident of the flotilla attack only made the news when people were killed - the fact that many others were brutalised by the Israeli military barely registered a mention.

NGOs are incredibly important and not just for dealing with the near constant state of emergency that exists in the West Bank and Gaza. There are a multitude of long term challenges to deal with, ranging from issues of trauma, anxiety, depression and a host of societal problems. We need to dig deeper and move beyond the headlines. Organisations like MAP also shine the light on complex issues such as infant mortality and issues of disability.

I realise that the subject is both complicated and depressing, but it is crucial that people are aware of the continued high price paid by the Palestinian people for being occupied. Across the globe the narrative of the Palestinian oppression causes enormous resentment.

Donate online at www.map.org.uk
Or call 0207 226 4114 today

COVER: Palestinian patients wait for treatment at Shifa hospital in Gaza City (© Maan Images)

MAP

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